21441Y

DECLARATI	ON AND	Atto	rney Docket Number	21441 Y	4411						
POWER OF AT	<b>TTORNEY</b>	First	Named Inventor	Timothy A. Blizzard	nothy A. Blizzard						
PATENT APPL		-	COMPLETE IF KNOWN								
(37 CFR 1		Appli	ication Number								
Declaration Submitted	Declaration Submitted after Initial		g Date								
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e))	1	p Art Unit								
	required)	Exan	niner Name								
As a below named inventor	r, I hereby declare tha	at:									
My residence, mailing addre	ess, and citizenship are	as state	d below next to my nam	e.							
I believe I am the original, f names are listed below) of the	irst and sole inventor (i he subject matter which	if only on is claim	one name is listed below med and for which a pate	) or an original, first and joint invenent is sought on the invention entitle	tor (if plural ed:						
ESTROGEN RECEPTOR M	ODULATORS										
the specification of which		(	Title of the Invention)								
bears the Attorney Doo	cket Number and Title	of the Ir	vention noted above								
OR is attached hereto											
OR was filed on (MM/DD/	~~~~		as United States An	plication Number or PCT Internation	nal						
Application Number		was ame	ended on (MM/DD/YY)		olicable).						
	iewed and understand	the cont	ents of the above identif	ied specification, including the claim	ms, as						
as defined in 37 CFR 1.56, i	ncluding for continuati	ion-in-p	art applications, materia	ion known to me to be material to p l information which became availab late of the continuation-in-part appl	le between						
I hereby claim foreign priorit	y benefits under 35 U.S	S.C. 119	P(a)-(d) or (f), or 365(b)	of any foreign application(s) for pat ast one country other than the Unite	ent or inventor's						
America, listed below and ha	ve also identified below	w, by ch	ecking the box, any fore	sign application for patent or inventor ation on which priority is claimed.							
Prior Foreign Application Number(s) Country			Foreign Filing Date (MM/DD/YYYY)		Priority Claimed? YES NO						
		<u>-</u>									
Additional foreign application I hereby claim the benefit under				PTO/SB/02B attached hereto.							
Thereby claim the benefit under	7 33 U.S.C. 119(e) of ally	Olinea 3	Filing Date		_						
Application Number(s) 11			(MM/DD/YYYY) 003	Attorney Docket Number 21441PV							
00/324,300											
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Attorney Docket Number

## DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

designating is not disclosed 35 U.S.C. 13	In the benefit und the United States sed in the prior U 12, I acknowledge 5 which became application.	of America nited States the duty to	, listed or PC disclo	below and, in a internation in the information in t	nsofar al app on kno	as the lication	subject n in the me to be	matter manne e mater	of each or provided to pate	of the cl d by the entabili	aims of first p ty as de	f this a aragra fined	application aph of in	n	
U.S. Parent Application or PCT Parent							nt Filing I			Parent Patent Number					
	Application	Number	-			(MIM	L/DD/YYY	( <b>Y</b> )		(if applicable)					
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	al U.S. or PCT int														
As a named in following regionnected the	nventor, I hereby ap istered practitioner( crewith:	s) to prosecu Practition OR	te this a	nd individually pplication and ociated with the ioner(s) named	to tran	sact all	business	in the	with full p United State	ower of tes Pater	substitu nt and Tr	ition ai radema	ad revocation, ark Office	the	
-	Name			Registration				Na	ame	ne			Registration Number		
Nicole M. Beel	er	<del></del>	45,194	Number			R. Danie	el					31,913		
							•			-					
Direct all con	rrespondence to:	X Custon	mer Nu	mber 00	0021	0									
Name .	Name Nicole M. Beeler														
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Address	P.O. Box 2000,	RY60-30													
City	Rahway	Rahway				ate	NJ		ZIP	<b>ZIP</b> 07065-		0907			
Country	USA	USA Telephone (73					2)594-1077 Fax					(732)594-4720			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.															
Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor										ntor					
Given Name (first and middle [if any])							Family Name or Surname								
Timothy A.					]	Blizza	rd	<del></del>	_						
Inventor's Signature	Fondha a Blogar					Dat				te Nov. 2, 2004					
Residence: City	Princeton	Princeton State NJ					Country USA			Citizenshi			<b>.</b>		
Mailing Address	Merck &	Co., Inc. P	O. Bo	x 2000							<u> </u>				
City	Rahway						NJ	ZIP	07065-0	907	Coun	try	U.S.A.		
X Additional	inventors are being	named on t	he <u>1</u>	supplemental	Addit	ional In	ventors(s	s) sheet(	s) PTO/SB	/02A at	tached h	ereto.			

## DECLARATION AND POWER OF ATTORNEY

## ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Addition		-		A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])						Family Name or Surname								
Candido						Gude								
Inventor's Signature	l	Candido S	ude	7				Date	Nov 2,		2004			
Residence: City	State	en Island	State	State NY		Country US		SA			Citizenship Sp		1	
Mailing Address		Merck & Co., Inc. P.O. l									**********			
City		Rahway	State			NJ <b>ZIP</b> 07065-0907			5-0907	Country U.S.A.			S.A.	
Name of Addition	ial Jo	oint Inventor, if any:	<u> </u>			A petition has been filed for this unsigned inventor								
Give	n Na	me (first and middle [if	any])		_			Fa	mily N	ame o	r Surnam	e		
Је <del>пт</del> у D.					М	lorgan II								
Inventor's Signature	_		A						Date	1	100.	2,	2004	
Residence: City	Woo	odbridge	State	NJ		Countr	Country USA			Citizenship USA				
Mailing Address	ailing Merck & Co., Inc., P.O. Box 2000													
City Rahway			State N		Z	<b>ZIP</b> 07065-0907		0907		Country	, U	.S.A.		
		oint Inventor, if any:		A petition has been filed for this unsigned inventor										
Given Name (first and middle [if				any]) Family Name or Surname										
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Inventor's Signature					Date									
Residence: City			State			Country			Citizenship					
Mailing Address														
City				Stat	te	2	ZIP			Country	,			
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									ntor					
Given Name (first and middle [if any])						Family Name or Surname								
Inventor's Signature				Date										
Residence: City			State			Countr	y				Citizenship			
Mailing Address														
City						te		ZIP		Country				